

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553656

FILING DATE

09 SEP 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
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12		/		/		
13	/		/			
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16		/		/		
17		2		/		
18		0		/		
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49						
50						
TOTAL IND.	7		7			
TOTAL DEP.	22		19			
TOTAL CLAIMS	29		24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

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